



## CITIZENS' POLICE ACADEMY FOR SENIORS APPLICATION FOR ENROLLMENT

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Other Names: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City, State Zip

Mailing Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_. Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: \_\_\_\_\_  
Male/Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ S.S. Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

State Drivers License or State ID: \_\_\_\_\_  
State Number

***Please attach a copy of your Drivers License or ID with this application***

Emergency Contact: \_\_\_\_\_  
Name Phone #

Please give names and phone numbers of two (2) references:

1: \_\_\_\_\_

2: \_\_\_\_\_

Have you ever been arrested /convicted of a crime or traffic offense? \_\_\_\_ Yes  
\_\_\_\_ No

If yes, please provide details on a separate sheet of paper, even if you were not convicted.

Have you ever been convicted on a charge of domestic violence? \_\_\_\_ Yes \_\_\_\_ No

Do you have a Concealed Weapons Permit? \_\_\_\_ Yes \_\_\_\_ No

Do you have military service? \_\_\_\_ Yes \_\_\_\_ No If yes, Branch: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Retired: \_\_\_\_\_

**Authorization to release information**

As a candidate for security clearance with the Reno Police Department (Truckee Meadows Citizen's Police Academy and the Senior Citizen Police Academy), I am required to furnish information for use in determining my qualifications and suitability. I realize that the Reno Police Department will not release the information provided to them to any person, including myself. However, information may be release to another law enforcement agency pursuant to NRS 239B, Disclosure of Person Information to Government Agencies. The information submitted to these agencies is confidential and will be used only for investigating my suitability for participation in the programs previously identified.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all of my previous employers, physicians, and professionals who may have treated me, friends, acquaintances, credit reporting services, public agencies and all others to furnish to the Reno Police Department and all information they may have concerning me.

I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes as valid as the original. I authorize you to retain a copy of this form for your files.

**CERTIFICATION AND PENALTY**

I hereby declare that all statements and information provided to the Reno Police Department in the Personal history statement as well as any other statements and information provided for my pre-employment (volunteer) background investigation or any other phase of my security clearance screening, are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact, willful omission of the material fact, or willful deception will be cause for disqualification and rejection as a candidate for security clearance without appeal. I further understand that these aforementioned misstatements, omissions, or deceptions are also grounds for termination after the security clearance, without notice and without any right of appeal.

**SECURITY CLEARANCE INVESTIGATION DISCOVERY WAIVER**

As a candidate to the Reno Police Department Truckee Meadows Citizen Police Academies and Senior Citizen Police Academies, I recognize that an employing law enforcement agency has a legal as well as moral obligation to take every reasonable effort to ensure that persons provided security clearance by them as police officers or in other positions conform to the highest standards.

Therefore, I release and hold harmless the Reno Police Department, and their officers, agents, or assigns, now and in the future, from any claim or damages in law of equity on behalf of myself, my heirs and assigns, for their refusal to make available any organization(s) which may have supplied information in the course of this investigation, as well as the substance of the information supplied.

I hereby, waive my right, now and in the future, to examine, review and otherwise discover the contents of this investigation and all related documents thereto.

I hereby grant permission to the Police Department to conduct an inquiry into my background to determine my suitability for appointments.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of person waiving rights

Name Printed

Date of Birth and Social Security Number: \_\_\_\_\_

Witness Signature

Name Printed

Complete front and back of this form

MAIL THIS APPLICATION TO: **The agency for the area in which you live**

Off. Kellie Fox  
Reno Police Department  
Comm. Affairs Division  
P.O. Box 1900  
Reno, NV 89505  
Phone: 334-2178

Sgt. Mike McCreary  
Sparks Police Department  
Training Division  
1701 E. Prater Way  
Sparks, NV 89434  
Phone: 353-2450

Lynda Sienko  
Washoe County Sheriff's Office  
Volunteer Programs  
911 Parr Blvd.  
Reno, NV 89512  
Phone: 328-8727  
Fax: 328-3389